

tions limited to the descending aorta.<sup>1,2</sup>

R N Singh, T C Sharma,  
St Vincent Charity Hospital,  
Cleveland, Ohio 44129, USA.

J A Sosa,  
Albany Medical College,  
Albany, New York 12208, USA.

## References

- 1 Yamada T, Tada S, Harada J. Aortic dissection without intimal rupture diagnosed with MR imaging and CT [Abstract]. *Radiology* 1987;**165**(suppl):278.
- 2 Yamaguchi T, Naito H, Ohta M, *et al.* False lumens in type III aortic dissections: progress CT study. *Radiology* 1985;**156**:757-60.

This letter was shown to the authors, who reply as follows:

Sir,

We are grateful to Dr Singh and colleagues for their complimentary remarks on our case report. Their suggestion is appealing. None the less, intimal rupture was evident in our case on the 42nd day, when a contrast enhanced computed tomographic scan showed that the false lumen was opacified.

Tatsuo Hoshino, Minoru Ohmae, Akira Sakai,  
Second Department of Internal Medicine,  
Kansai Denryoku Hospital,  
2-1-7 Fukushima,  
Fukushima-ku, Osaka,  
Japan.